

### **AMENDMENTS TO THE CLAIMS**

This listing of claims will replace all prior versions, and listing, of claims in the application:

#### Listing of the Claims:

1. (Previously presented) A method for managing a medical practice comprising:
  - (a) communicating with a medical practice client user interface over a first communication network;
  - (b) communicating with a payor server over a second communications network;
  - (c) receiving information associated with an event related to a patient from at least one of the medical practice client user interface, the payor server, or any combination thereof;
  - (d) performing one or more automated patient workflow tasks associated with the event;
  - (e) using at least a portion of the information associated with the event to create an insurance claim following completion of the one or more tasks; and
  - (f) automatically and repeatedly interacting with the information associated with the event in connection with the performed tasks by at least one of applying one or more rules in a set of rules, performing transactions with the payor server, or any combination thereof.
2. (Previously presented) The method of claim 1 further comprising verifying the information at least one of before, during, or following performing the automated patient workflow tasks associated with the event, or any combination thereof.
3. (Original) The method of claim 1 further comprising the steps of:
  - (g) receiving an error notification; and

(h) performing a correcting action in response thereto.

4. (Original) The method of claim 3 wherein the performing the correcting action further comprises transmitting an error message denoting an error to the medical practice.

5. (Previously presented) The method of claim 3 wherein the correcting action comprises correcting at least one of a typographical error, a formatting error, incomplete information, or any combination thereof.

6. (Original) The method of claim 3 further comprising generating the error notification.

7. (Original) The method of claim 1 further comprising submitting the claim to the payor server over the second communications network.

8. (Original) The method of claim 1 further comprising updating the rules in the set of rules.

9. (Previously presented) The method of claim 2 wherein the performing of the automated patient workflow tasks before the event further comprises the steps of at least one of  
receiving a request for an appointment,  
searching for the patient in a patient information database,  
receiving insurance information;  
receiving referral information,  
receiving a proposed schedule appointment, or  
any combination thereof.

10. (Original) The method of claim 9 wherein the receiving insurance information further comprises the steps of parsing the insurance information and determining whether the patient is eligible.
11. (Original) The method of claim 9 wherein the receiving referral information further comprises defining a referral rule category, an appointment type class, and an intersection of the referral rule category and the appointment type class.
12. (Previously presented) The method of claim 2 wherein the automated patient workflow tasks performed during the event further comprise at least one of performing check-in tasks, performing check-out tasks, or any combination thereof.
13. (Previously presented) The method of claim 2 wherein the performing of the automated patient workflow tasks following the event further comprise the steps of at least one of:
  - receiving a claim,
  - scrubbing the claim,
  - assigning a status to the claim,
  - submitting the claim to the payor server,
  - triggering an alarm upon not receiving a response from the payor server,
  - performing claim follow-up tasks,
  - posting payments, or
  - any combination thereof.
14. (Previously presented) The method of claim 1 wherein the transactions performed with the payor server further comprises at least one of

claim submittals,  
claim receipt acknowledgements,  
claim status checks,  
patient eligibility determinations,  
authorization and referral requests and grants,  
remittance advice, or  
any combination thereof.

15. (Previously presented) A medical practice management system comprising:
- a medical practice client user interface for communicating with a patient;
  - a payor server for communicating with a payor organization; and
  - a medical practice management server computer in communication with the medical practice client user interface over a first communications network and the payor server over a second communications network to receive information associated with an event related to a patient from at least one of the medical practice client user interface, the payor server, or any combination thereof,
- the medical practice management server computer comprising
- a workflow processing engine performing one or more automated patient workflow tasks associated with the event,
  - a rules engine in communication with the workflow processing engine for repeatedly and automatically interacting with the information associated with the event by applying one or more rules in a set of rules to the information in connection with the performance of the one or more of the automated patient workflow tasks, and

an intelligent transactions relationship module in communication with the workflow processing engine and the payor server for repeatedly and automatically interacting with the information associated with the event by performing transactions with the payor server in connection with the performance of one or more automated patient workflow tasks.

16. (Original) The medical practice management system of claim 15 further comprising a patient information database and an insurance information database.

17. (Original) The medical practice management system of claim 15 wherein the rules engine further comprises a rules database to store the set of rules.

18. (Previously presented) The medical practice management system of claim 15 wherein the workflow processing engine further comprises a verifier to verify the information at least one of before, during, or following performing the automated patient workflow tasks associated with the event, or any combination thereof.

19. (Original) The medical practice management system of claim 15 wherein the workflow processing engine communicates with a central billing office to generate and submit a claim to the payor server.

20. (Previously presented) A medical practice management system comprising:

- (a) means for communicating with a medical practice user interface over a first communications network;
- (b) means for communicating with a payor server over a second communications network;

- (c) means for receiving information associated with an event related to a patient from at least one of the medical practice client user interface, the payor server, or any combination thereof;
- (d) means for performing one or more tasks associated with the event;
- (e) means for using at least a portion of the information associated with the event to create an insurance claim following completion of the one or more automated patient workflow tasks; and
- (f) means for automatically and repeatedly interacting with the information associated with the event in connection with the performed automated patient workflow tasks by at least one of applying one or more rules in a set of rules, performing transactions with the payor server, or any combination thereof.

21. (Previously presented) The method of claim 1 wherein automated patient workflow tasks comprises at least one of automated patient workflow tasks performed by the medical practice before the event, automated patient workflow tasks performed during the event, or automated patient workflow tasks performed after the event.

22. (Previously presented) The system of claim 15 wherein automated patient workflow tasks comprises at least one of automated patient workflow tasks performed by the medical practice before the event, automated patient workflow tasks performed during the event, or automated patient workflow tasks performed after the event.

23. (Previously presented) The system of claim 20 wherein automated patient workflow tasks comprises at least one of automated patient workflow tasks performed by the

medical practice before the event, automated patient workflow tasks performed during the event, or automated patient workflow tasks performed after the event.

24. (Previously presented) The method of claim 1 wherein a portion of the information associated with the event comprises an association between a first procedure and a second procedure.

25. (Previously presented) The method of claim 2 wherein the performing of the automated patient workflow tasks following the event further comprise the steps of moving the claim into a claim inquiry group and assigning an additional task to be completed to close the claim.

26. (Previously presented) The method of claim 1 wherein the one or more rules in the set of rules have universal applicability, apply only to one or more specific insurance packages, apply only to specific medical care providers, or any combination thereof.

27. (Previously presented) A method for managing a medical practice comprising:

- (a) communicating with a medical practice client user interface over a first communication network;
- (b) communicating with a payor server over a second communications network;
- (c) receiving information associated with an event related to a patient from at least one of the medical practice client user interface, the payor server, or any combination thereof;
- (d) performing one or more automated patient workflow tasks associated with the event;

- (e) after performance of the one or more automated patient workflow tasks, storing at least a portion of the information associated with the event for a purpose other than to create an insurance claim; and
  - (f) automatically and repeatedly interacting with the information associated with the event in connection with the performed tasks by applying one or more rules in a set of rules.
28. (New) A computer program product, tangibly embodied in an information carrier, for managing a medical practice management system, the computer program product including instructions being operable to cause data processing apparatus to:
- (a) communicate with a medical practice client user interface over a first communication network;
  - (b) communicate with a payor server over a second communications network;
  - (c) receive information associated with an event related to a patient from at least one of the medical practice client user interface, the payor server, or any combination thereof;
  - (d) perform one or more automated patient workflow tasks associated with the event;
  - (e) use at least a portion of the information associated with the event to create an insurance claim following completion of the one or more tasks; and
  - (f) automatically and repeatedly interact with the information associated with the event in connection with the performed tasks by at least one of applying one or more rules in a set of rules, performing transactions with the payor server, or any combination thereof.



29. (New) The computer program product of claim 28 wherein automated patient workflow tasks comprises at least one of automated patient workflow tasks performed by the medical practice before the event, automated patient workflow tasks performed during the event, or automated patient workflow tasks performed after the event.

30. (New) The computer program product of claim 28 further comprising instructions being operable to cause data processing apparatus to verify the information at least one of before, during, or following performing the automated patient workflow tasks associated with the event, or any combination thereof.

31. (New) The computer program product of claim 28 further comprising instructions being operable to cause data processing apparatus to:

(g) receive an error notification; and

(h) perform a correcting action in response thereto.

32. (New) The computer program product of claim 31 wherein performing the correcting action further comprises causing a data processing apparatus to transmit an error message denoting an error to the medical practice.

33. (New) The computer program product of claim 31 wherein the correcting action comprises causing a data processing apparatus to correct at least one of a typographical error, a formatting error, incomplete information, or any combination thereof.